Subject:

Antibiotics to avoid in pregnancy

Moms Take Really

Good Care

SAFE

- **S**ulfonamides
- **A**minoglycoside
- **F**luoroquinolones
- **E**rythromycin

- **R**ibavirin
- **G**riseofulvin
- **C**hloramphenicol

By Dr. Alyaa Fadhil

Drug's During pregnacy and Lactation

1. Analgesics and anti-inflammatory drugs

1. Paracetamol (acetaminophen)

is the analgesic and antipyretic of choice, It can be used at usual dosages and at any stage of Pregnancy.

2. Aspirin (acetylsalicylic acid)

it's second choice in pregnancy after the paracetamol, In the third trimester, salicylates should not be taken regularly and not at all in antiphogistic doses.

3. Morphine

If compellingly indicated, morphine may be use during. Use near to term may cause neonatal respiratory depression, and long term use may lead to withdrawal symptoms

4. Codeine

* may used as an analgesic for pregnant women if paracetamol is not sufficiently effective.
* used as an antitussive
* Use near to term may cause neonatal respiratory depression
* long ~~time~~ term use may lead to withdrawal symptoms.

5. Fentanyl

* Ony urgent indications
* It's cause respiratory depression

6. Ibuprofen and Diclofenac

* Can be considered in the first two trimesters only
* after 28 weks it's contraindication.

Subject:

Disease modifying antirheumatic Drugs (DMARDs)

* Sulfasalazine = First drug choice during Pregency.
* Azathioprine, Cyclosporine, hydroxychloroquine / chloroquine, and gold compounds, D-penicillamine are reserve treatment options

Gout therapy

* Probenecid is the drug of choice to achieve elimination of uric acid.
* Allopurinol = contraindicated

Gout attacks therapy

* Ibuprofen is the drug of choice
* Colchicine is the secound drug of choice

Antiallergic drugs and Desensitization

1. **Antihistamines (H_1 - blocker)**

*** First Generation H_1 blocker**

Chlorpheniramine,
Dexchlorpheniramine,
Mebhydroline,
Clemastine,
Dimetindene

* Can be used for tratment allergic conditions

*** Secound Generation H_1 blocker**

* Loratadine = first line treatment
* Cetrizine = Secound line treatment

2. Immunotherapy

* Allergen immunotherapy can be carefully continued during pregnancy in patients who benefit and are not experiencing adverse reactions.

Antiasthmatic and cough Medications

1. Selective β_2-adrenergic agonists

* Salbutamol, Metaproterenol, Terbutaline, } first line therapy, Short acting

* Formoterol, Salmeterol } should be used if they are essential to an optimal treatment, Long acting

2. Corticosteroids

* Inhaled corticosteroids :
  Beclomethasone, Budesonide } first line treatment

* Systemic corticosteroids :
  Prednisone, and it's metabolite } indicated in acute exacerbations of asthma, or severe asthma.

* Intranasal Corticoids = for allergic rhinitis

3. Anticholinergic drugs

Ipratropium bromide inhaler, first line treatment

2. Theophylline :

may be used for cases where the inhaled β_2-agonists and Corticosteroids are insufficient to control the asthmatic disease.

3. Sodium cromoglycate

Can be used for the prophylactic treatment of allergic diseases such as asthma and allergic rhinitis.

Expectorants and Mucolytic agent

N-acetylcysteine, Ambroxol, Bromhexine } are first choice mucolytic during Pregency if oral therapy and other non-medical treatment is not effective.

Antitussives

Codeine, Dextromethorphan } for cough. Can be given in all trimesters of pregency.

Non-Selective B-adrenergic agonists

Non Selective B adrenergic agonists are not recommended for asthma treatment

Subject:

Antiemetics
Nausea and Vomiting in pregnancy

1. Antihistamins

First and Secound generation antihistamines are safe and effective treatment for Nausea and Vomiting.
Doxylamine should be the first choise, preferably combined with vitamin B_6.
Secound generation such as meclizine should be used of the sedative effects of the first generation antihistamines.

2. Dopamine antagonists

- Dopamine antagonists are widely used
- Metoclopramide seems safe and efficacious, and has less of the sedating properties of the phenothiazines.
- Metoclopramide is the first choice treatment

3. Pyridoxine (vitamin B_6)

* Initial dose 40 mg/d
* Moximum dose 80 mg/d
* If vitamin B_6 alone is not successful, then combining with the antihistamine doxylamine (10 mg)

4. Thiamine (vitamin B_1)

* 100 - 500 mg IV for 3 days, and then maintenance of 2-3 mg daily.
* IV dextrose should not be given without prior administration of thiamine, as the metabolism of the dextrose consumes the remaining B_1 and may worsen symptoms

Subject:

5. Serotonin antagonists.

- Ondanserton should be used only if other antiemetics fail.

6. Corticosteroids

Corticosteroids may be effective therapy for severe intractable hyperemesis gravidarum associated with dehydration.

Gastritis and peptic ulcer

1 → Antacids and Sucralfate

* May be used during all phases of pregnancy
* The unrestricted / long term use of antacids during pregency should be avoided.
* Aluminum containing antacids, magaldrate and sucralfate may considered the drugs of choice becouse of their apparently limited aluminum absorption.

2 → H_2-Receptor antagonists

1. Prescribed when antacids or sucralfate have failed
2. First drug choice is cimetidine

3 → Proton pump inhibitors

1. Omeprazole is a drug of choice for reflux esophagitis
2. PPI are secound choice drugs. When antacids and ranitidine are not effective.

4 → H. Pylori therapy

1. Eradication of H. pylori with triple therapy can be undertaken during pregency when clearly indicated.
2. Amoxicillin can be safely used during pregency in the usual dose.

Subject: ....

5. Acids

Glutamic acid
Citric acid with
Pepsin Proteinase

} For appropriate indications, these therapy may be taken during Pregnancy.

Constipation during pregency

Stool bulking agents

All stool bulking and absorbent substances are safe in pregnancy

Hyperosmotic and Saline Laxative

* Lactulose is the first choice drug
* Lactitol, mannitol and Sorbitol, saline laxative Sodium sulfate can be used during pregency
* Sodium and magnesium sulfate at higher dose are contraindicated.

Diphenylmethane

* When bulk and osmotic laxative like lactulose not effective
* First drug choice is bisacodyl.

Note: Castor oil should not used during pregency becouse it may stimulate uterine contraction.

Antidiarrheals

-> Dietary measures
-> In cases where a drug induced inhibition of intestinal motility, loperamide can be used.

Subject:

Antibiotics During Pregency

1. Penicillins

1. β-lactam antibiotics
2. first drug choice at usual dose

2. Cephalosporins

1. β-lactam antibotics
2. We can be used if needed

3. Macrolids antibotiotics

1. Erythromycin first drug choice
2. Erythromycin estolate and Troleandomycin should not be given in the secound and third trimesters.
3. Azithromycin, clarithromycin, Josamycin, Roxithromycin are second drug choice.

4. Lincomycin and Clindamycin

1. Clindamycin and Lincomycin are only indicated when Penicillins, Cephalosporins, erythromycin are not effective

5. Sulfonamide, Trimethoprim, Cotrimoxazole

1. Sulfonamide, Trimethoprime and Cotrimoxazole may be safe alternative drugs for antibiotic treatment of UTI (urinary tract infections), when pencillin and Cephalosporins are ineffective.
2. When Trimethoprim or Cotrimoxazole are needed in the first trimester, folic acid supplementation (0.5mg) is recommended for theoretical reasons.

6. Quinolones

1. Should only be used in case of complicated infections resistant to the antibiotics
2. Ciprofloxacin and norfloxacin should be used
3. Quinolnes is not an indication in first trimesters

7. Polypeptide antibiotics

1. Vancomycin should only be used in case of life threatening bacterial infections.
2. if compellingly indicated we can used Colistin, Polymyxin B

8. Aminoglycosides

1. not recommended for parenteral use during pregnancy.
2. They should only be administered in case of life threatening infections.

9. Chloramphenicol

Chloramphenicol and thiamphenicol are contraindicated during pregnancy unless there is a serious indication.

Subject:

OTC Medicine during pregnancy

Problem	Safe medicine
Pain relief, Headache, Fever	Acetaminophen
Allergy relief	1 Chlorpheniramine, an antihistamine 2 Loratadine 3 Diphenhydramine
Cough and, or Cold	1 Guaifenesin, an expectorant 2 Dextromethorphan, a cough suppressant 3 Guaifenesin plus dextromethorphan 4 Cough drops 5 Vicks VapoRub
Fungal infections	1 Clotrimazole 2 Miconazole 3 Terbinafine 4 Tioconazole 5 Butoconazole 6 Butenafine 7 Tolnaftate 8 Undecylenic acid
Insomnia	1 Diphenhydramine 2 Doxylamine succinate
Itching	Hydrocortisone

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Subject:

OTC Medicine During pregnancy

Problem	Safe medicine
Constipation, Hemorrhoids, Diarrhea	1 Psyllium 2 Polycarbophil 3 Hemorrhoide cream 4 Loperamide 5 Methylcellulose
Heartburn Gases, and upset stomach	1 Antacids for heartburn 2 Simethicone for gas pains
Cuts and scrapes	Polysporin
Rashes	1 Benadryl cream 2 Caladryl lotion or cream 3 Hydrocortisone cream or ointment
Antibiotics	1 Amoxicillin 2 Ampicillin 3 Clindamycin 4 Erythromycin 5 Penicillin 6 Nitrofurantoin

بالتوفيق والنجاح الدائم

أسألكم الدعاء

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